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Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 2516

SERIAL NUMBER 09/720,560	FILING DATE 12/21/2000 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. ACY33427-00
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APPLICANTS

James Peter Fulginiti, Canadagua, NY;
Michael James Fiske, Rochester, NY;
Deborah Ann Dilts, Fairport, NY;

**** CONTINUING DATA *******

This application is a 371 of PCT/US99/14375 06/25/1999
which claims benefit of 60/090,851 06/26/1998

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 13	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

Darry L Webster
American Home Products Corporation
Patent Law Department
One Campus Drive
Parsippany, NJ 07054

TITLE

Novel antigens of helicobacter pylori

FILING FEE REC'D	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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